

Town of Arlington
Office of the Town Clerk
730 Massachusetts Avenue
Arlington, MA 02476



Tel: 781-316-3070
townclerk@town.arlington.ma.us

REQUEST VITAL RECORDS

Mail this form or similar note by mail with check or money order payable to Town of Arlington.
Email this form or scan or photo of a similar note to request record before you come in person.

Fee: \$10/certified copy in person; \$12/certified copy by mail.

☐ Birth Certificate _____ copies Date of birth: _____

Name: _____

☐ Death Certificate _____ copies Date of birth: _____

Name: _____

☐ Marriage Certificate _____ copies Date of marriage: _____

Name(s) on the certificate: _____

Name and Address where you would like them mailed:

Optional information so we can contact you if we cannot locate the record(s).

Requestor Name: _____ Phone: _____

Email: _____